



File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

**Please itemize any travel payments by detailing the name of the person traveling, their relationship to the committee as well as the date, payee, address, purpose/destination, and amount for each travel expenditure.**

Committee Name: \_\_\_\_\_ CPF ID #: \_\_\_\_\_

Name of Traveler(s): \_\_\_\_\_

**Relationship to Committee:** \_\_\_\_\_

Report Dates for this form: \_\_\_\_\_ Through: \_\_\_\_\_

Dates of Travel	Vendor Name and Address	Purpose of Travel	Destination	Amount	
			<b>TOTAL TRAVEL EXPENSE</b>		

**Signature of Candidate/Treasurer**

Date \_\_\_\_\_